

MDR Tracking Number: M5-04-0397-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-08-03. The requestor withdrew date of service 05-22-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that psychotherapy was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 05-01-03 and 05-08-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of March 2004.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

GR/gr

November 17, 2003,
Amended December 2, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Psychologist. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 62 year old female who sustained a work related injury on ___. She was employed as a housekeeper for ___ when she slipped on a wet floor. ___ received chiropractic care and additional testing and evaluation, which revealed a diagnosis of lumbosacral strain and degenerative disc disease at L-5-S1. Numerous medications were prescribed for pain and for sleep including: Vicodin, Quinapril (for her heart), Ambien, and Lipitor for high blood pressure. The patient continued to complain of pain symptoms and was referred to a pain management program. She also had other medical stressors related to having had heart surgery in May 2002. ___ was administered a psycho physiological profile assessment on 8/29/02 and 10/4/02. Diagnostic impressions of ___ at that time were Adjustment Disorder associated with Medical condition-pain, with symptoms of anxiety and depression. Six sessions of individual psychotherapy and 6 sessions for biofeedback training were recommended.

DISPUTED SERVICES

Under dispute is the medical necessity of psychotherapy for 45-50 minutes for 5/1/03 & 5/8/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

___ psychological evaluation supports the interventions recommended of psychotherapy and biofeedback training to treat her Adjustment Disorder related to her pain and emotional reactions of anxiety and feelings of depression secondary to her physical condition. Therapy sessions provided to ___ appear to have addressed issues related to her pain cycle and the effects of stress upon her perception of pain. While the treatment recommended is reasonable for this patient and is deemed necessary, a review of the counseling notes from session dated 5-1-03 fail to adequately document the therapist's assessment of the patient's condition such as mental status and objective findings. Additionally, the therapist's notes also reveal that the problem list for session noted in the progress notes 5-8-03 is described as "increased self esteem". Increased self-esteem is rarely a problem, but rather a sign of improvement. Objective and behavioral measures of ___ condition also appear to be inadequately documented in the progress notes for 5-1-03. In Summary, while ___ condition warrants psychological counseling, the progress notes are inadequate in documenting the clinician's findings, objective assessment, and in defining the "problem" much less, ___ progress.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,